

<i>SERFF Tracking Number:</i>	<i>UHLC-125751115</i>	<i>State:</i>	<i>Rhode Island</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02G Group Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02G.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS</i>		
<i>Project Name/Number:</i>	<i>RATES/RERATE 2009 - PRE-STD</i>		

Filing at a Glance

Company: United HealthCare Insurance Company		
Product Name: MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS	SERFF Tr Num: UHLC-125751115	State: Rhode IslandLAH
TOI: MS02G Group Medicare Supplement - Pre-Standardized	SERFF Status: Assigned	State Tr Num:
Sub-TOI: MS02G.000 Medicare Supplement - Pre-Standardized	Co Tr Num:	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Adrienne Evans, Sandra West
	Author: Wanda Augustus	Disposition Date:
	Date Submitted: 08/19/2008	Disposition Status:
Implementation Date Requested:		Implementation Date:
State Filing Description:		
Payment received 40.00 EFT slw		

General Information

Project Name: RATES	Status of Filing in Domicile: Pending
Project Number: RERATE 2009 - PRE-STD	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 08/19/2008	
State Status Changed:	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Rate Revision Filing	
Rate for AARP Health Care Options Pre-Standardized Medicare Supplement Plans	
NAIC #0707-79413	

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 Standardized Standardized
 Product Name: MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
 Project Name/Number: RATES/RERATE 2009 - PRE-STD

Company and Contact

Filing Contact Information

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 601 Office Center Drive (267) 470-1537 [Phone]
 Ft. Washington, PA 19034 (267) 470-1906[FAX]

Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut
 450 Columbus Boulevard Group Code: 707 Company Type: Health
 PO Box 150450
 Hartford, CT 06115-0450 Group Name: State ID Number:
 (215) 653-8046 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: \$40.00 PER FILING.
 Per Company: Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$40.00	08/19/2008	22015044

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	ACTUARIAL MEMORANDUM, RATE SCHEDULE AND RATE ATTACHMENTS	G-36000-4	New		Ri_ps09memo.pdf RI (Pre) Rate Schedule.pdf RI (Pre) Attachments.pdf

United HealthCare Insurance Company

Actuarial Memorandum

AARP Medicare Supplement Portfolio

Group Policy Number G-36000-4

Rhode Island

A. Purpose of Filing

The purpose of this filing is to file rates for the Pre-Standardized Medicare Supplement plans effective January 1, 2009, and to demonstrate compliance with loss ratio standards.

B. General Description

1. Issuer Name – The Prudential Insurance Company of America. United HealthCare assumed this risk effective January 1, 1998, through an assumptive reinsurance agreement with Prudential.
2. Form Number – Group Policy Number G-36000-4
Prescription Drug Elimination Rider: CRA 1664
3. Policy Type – Pre-Standardized Group Medicare Supplement.
4. Benefit Description – See Attachment 8 for plan specific benefit descriptions. These Medicare Supplement plans were sold prior to standardization and met Baucus requirements.

Prescription drug benefits will be discontinued for insured covered by Plans M3, M4, and M7 who enroll in Medicare Part D. Prescription drug benefits will continue for insureds covered by Plans M3, M4, and M7 who do not enroll in Medicare Part D.

5. Renewal Provision – Guaranteed renewable. If the group policy is terminated by the group policyholder and not replaced by another group policy by the same policyholder, an individual policy will be offered.
6. Marketing Method – This is a closed block of business. Plans were marketed through the mail to members of AARP.
7. Underwriting Method – The Pre-Standardized Plans and Rider AD/DP were available on a guaranteed issue basis.

8. Pre-Existing Conditions Exclusion – This is a closed block of business; the maximum exclusion on any of these plans was 6 months/6 months.
9. Issue Age Limits – This is a closed block of business.
10. Premium Basis – Premium is earned on the first of the month for the entire month in which it is due. Premiums do not vary by age and contain no pre-funding components.

Discounts Available – The discounts currently available to AARP Health Care Options members will remain:

- a) Payment by Electronic Funds Transfer (\$2.00 per household per month).
- b) Annual Pay (\$24 per household for those that pay their entire calendar year premium in January).
- c) Multi-Insured (5% when two or more insureds on one account have at least one plan of insurance with AARP Health Care Options).

11. Actuary's Name – David M. Walker, ASA, MAAA, FLMI
Director, Actuarial Services
Ovations Insurance Solutions
Post Office Box 130
Montgomeryville, PA 18936
(267) 470-1361

12. Domicile State Approval – United HealthCare Insurance Company is domiciled in Connecticut. The Connecticut Department of Insurance does not require these rates to be filed for your state. We file Connecticut specific rates (i.e., rates charged to Connecticut residents) with the Connecticut Department of Insurance. Proposed 2009 Connecticut specific rates were filed for approval with the Connecticut Department of Insurance in August, 2008.

C. Rate Methodology/Assumptions

1. General Method – Projections used in developing the 2009 rates are shown in Attachment 1. Based on historical claim patterns, per member per month net claim rates are developed by benefit and trended to the end of the 2009 rating period (also see Attachment 2).

The proposed rate increase was calculated using both Rhode Island and National experience (See Attachment 13). The rate increase percentage for these certificates represents the average increase needed for the plans when grouped together. This approach should result in more moderate increases for all of the insureds.

The rates are based on state of residence. When notification of a change of residence is received, rates are adjusted accordingly.

2. Priced with Trend/Selection – Claim cost trends are projected for 2008 and 2009. The trend assumptions are based on the historical experience of the AARP Health Care Options plans in your state. These certificates have been in force since 1992 or prior; no explicit adjustment for selection is included in the pricing.
3. Priced with Rate Increases – Rates are calculated to be sufficient through 2009. We anticipate future annual rate increases at levels similar to future annual medical trend.
4. Commission Rate – None.
5. Replacement Commissions – None.
6. Lapse Assumption – Lapse assumptions are based on actual experience in your state. For 2008 and 2009, the assumed annual lapse rates (including death) are 12.6% and 10.9%, respectively.
7. Morbidity Assumption – Morbidity assumptions are based on actual experience in your state and are incorporated into the trend projections and base claim costs.
8. Interest Assumptions – 6.0%.
9. Reflect Pre-Funding – These plans are community-rated. The rates are projected to be effective for one year and reflect no pre-funding.

D. Scope/Reason for Request

1. Overall Increase – The overall increase is 4.2%.
2. Variations by Cell – The requested rate increases represent the average increase needed for the plans when grouped together (see enclosed Rate Schedule).
3. Effective Date – January 1, 2009.
4. Timing – These plans are rated on a calendar year basis. Requested rate changes will be implemented on January 1, 2009.

E. Rates and Rating Factors

1. Current – See Rate Schedule.
2. Proposed – See Rate Schedule.
3. Period Rates Apply – January 1, 2009 through December 31, 2009.

F. Average Annualized Premium - \$2,188. See Attachment 3 for annualized premiums by plan.

G. Rate History – See Attachment 6.

H. In Force Counts – See Attachment 4.

I. Historical Incurred Claims – See Attachment 4.

J. Historical Earned Premium – See Attachment 4.

K. Loss Ratio Projection

1. Definition – The loss ratio development is based on incurred claims divided by premium.
2. Base Period – Claim cost projections are based on claim data incurred through 2007.
3. Lapse Assumption – Lapse assumptions are based on actual AARP Health Care Options experience in your state. For 2008 and 2009, the assumed annual lapse rates (including death) are 12.6% and 10.9%, respectively.
4. Claim Trend Assumption – Claim trend projections are based on actual AARP Health Care Options experience in your state and reflect changes made to the Medicare program. See Attachment 1 and 2 for projected claim trends.
5. Attained Age/Selection Adjustments – These plans are community rated. Demographic and selection differences are built into the historical claim costs.
6. Future Rate Increases – Future annual rate increases are projected to be at levels similar to future annual medical trend levels.
7. Interest Assumption – 6.0%.
8. With and Without Rate Change
 - The projected 2009 loss ratio with the rate change implemented on January 1, 2009 is 79.9%.
 - Without a change to the 2008 rates, the projected 2009 loss ratio is 83.3%.

L. Loss Ratio Demonstration

All Pre-Standardized plans have been in force at least three years. The anticipated loss ratio for these plans is 79.9% for 2009 (See Attachment 1). The anticipated 2009 loss ratio meets or exceeds the loss ratio presumed reasonable by Rhode Island law.

M. Actuarial Certification

1. The assumptions within this filing present my best judgment as to the expected value for each assumption and are consistent with United HealthCare's business plan at the time of the filing.
2. The anticipated lifetime loss ratio, future loss ratios, and third-year loss ratios all meet or exceed the applicable ratio.
3. This filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice. I relied on prior audits of the source data used in this filing and compared the data contained in prior comparable submissions to verify its reasonability.
4. To the best of my knowledge, this filing is in compliance with the applicable laws and regulations of the state of Rhode Island. I relied on direction and advice from other UnitedHealth Group staff regarding legal and compliance requirements.
5. The rates determined in this filing are reasonable in relationship to the benefits provided.



David M. Walker, ASA, MAAA, FLMI
Director, Actuarial Services

August 18, 2008

Date

UNITED HEALTHCARE INSURANCE COMPANY
AARP MEDICARE SUPPLEMENT PORTFOLIO

RATE SCHEDULE

FOR

RHODE ISLAND

GROUP POLICY NUMBER G-36000-4

<u>Plan</u>	<u>Proposed 2009 Monthly Rate</u>	<u>2008 Monthly Rate</u>	<u>Diff. (%)</u>
M1/J1/P1	\$121.25	\$116.25	4.3%
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$146.00	\$140.00	4.3%
M3/J3/P3 (with drugs)	\$251.50	\$241.25	4.2%
M3/J3/P3 (without drugs)	\$220.75	\$211.75	4.3%
M4 (with drugs)	\$275.25	\$264.00	4.3%
M4 (without drugs)	\$244.50	\$234.50	4.3%
M5/J5/P5	\$142.25	\$136.50	4.2%
M6/J6/P6/DC/DE/DF	\$177.50	\$170.25	4.3%
M7/P7 (with drugs)	\$261.75	\$251.25	4.2%
M7/P7 (without drugs)	\$231.00	\$221.75	4.2%
MA/PA	\$120.00	\$115.25	4.1%
AD/DP	\$4.00	\$4.00	0.0%

** Discounts available for Multi-Insured, Electronic Funds Transfer, and Annual Pay.*

UNITED HEALTHCARE INSURANCE COMPANY

PRE-STANDARDIZED MEDICARE SUPPLEMENT RATE FILING

GROUP POLICY NUMBER G-36000-4

Rhode Island

EFFECTIVE 1/1/2009

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7. Attachment 5 – Loss Ratio Projections (1 page)
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10. Attachment 8 – Benefit Description Charts (5 pages)
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12. Attachment 10 – Pre-Standardized Aggregate Loss Ratio Calculation (1 page)
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August 2008

**Pre-Standardized Plans
Projection Of Rhode Island Loss Ratios**

	<u>Total</u>
2007 Average Lives	536
2007 Average Rate	\$167.78
2007 Net Claim Rate	\$130.06
2007 Loss Ratio	77.5%
2008 Average Lives	468
2008 Average Rate	\$174.87
2008 Net Claim Rate	\$135.88
2008 Trend in Benefit Cost	4.5%
2008 Loss Ratio	77.7%
2009 Average Lives	417
2009 Average Rate	\$182.35
2009 Net Claim Rate	\$145.73
2009 Trend in Benefit Cost	7.2%
2009 Loss Ratio	79.9%

**Average rates are net of discounts.*

**PRE-STANDARDIZED PLANS
RHODE ISLAND BENEFIT COSTS**

	Per Member Per Month Costs*					
	<u>2004</u>	<u>2005</u>	<u>2006**</u>	<u>2007**</u>	<u>Proj 2008**</u>	<u>Proj 2009**</u>
Part B	\$74.94	\$74.44	\$83.04	\$79.29	\$81.82	\$86.31
Part A	\$41.33	\$39.51	\$54.09	\$49.36	\$52.91	\$58.22
Prescription Drugs	\$30.26	\$29.86	\$37.10	\$25.99	\$24.23	\$24.59
Other	\$0.05	\$0.02	\$0.00	\$0.00	\$0.08	\$0.10
Total PMPM Costs	\$124.28	\$121.80	\$140.67	\$130.06	\$135.88	\$145.73
<i>Trend***</i>		-2.0%	15.5%	-7.5%	4.5%	7.2%

*The per member per month claim costs are equal to the incurred claims divided by the number of lives with that specific benefit.

"Other" includes foreign care and/or private duty nursing benefits.

** Beginning in 2006, some insureds enrolled in plans that offer prescription drug coverage will not have the drug benefit.

***2006 and 2007 trends appear low due to members who had prescription drug coverage enrolling in Medicare Part D and dropping coverage for that benefit. The trends for 2006 and 2007, excluding the drug benefit from the calculations, are 20.3% and -6.2%, respectively.

Rhode Island Average Annualized Premiums*

<u>Plan</u>	Proposed <u>2009</u>	<u>2008</u>
M1/J1/P1	\$1,416	\$1,362
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$1,708	\$1,658
M3/J3/P3	\$2,660	\$2,549
M4	-	-
M5/J5/P5	\$1,663	\$1,576
M6/J6/P6/DC/DE/DF	\$2,079	\$1,993
M7/P7	\$2,751	\$2,640
MA/PA	\$1,401	\$1,349
AD/DP	\$47	\$47

**Average premiums are net of discounts.*

Rhode Island Pre-Standardized Medicare Supplement Exhibit

Total

Calendar Year	Incurred Claims	Earned Premiums	Loss Ratio	Average Lives
1994	2,117,030	2,334,215	90.7%	3,422
1995	2,115,779	2,069,368	102.2%	3,132
1996	2,261,499	2,459,473	92.0%	2,730
1997	2,131,670	2,381,661	89.5%	2,301
1998	1,905,170	2,288,154	83.3%	1,725
1999	1,601,086	2,111,097	75.8%	1,380
2000	1,526,950	2,015,683	75.8%	1,237
2001	1,445,679	1,833,246	78.9%	1,128
2002	1,302,903	1,674,866	77.8%	990
2003	1,244,719	1,545,846	80.5%	900
2004	1,194,616	1,381,223	86.5%	801
2005	1,023,833	1,245,144	82.2%	701
2006	1,038,681	1,161,845	89.4%	615
2007	835,913	1,078,304	77.5%	536

**Pre-Standardized Plans in force on the SSAA-94 effective date are grouped together by type and treated as if they were issued on the SSAA-94 effective date.*

RHODE ISLAND - LOSS RATIO PROJECTIONS

Company: United HealthCare Insurance Company
 Policy Form: G-36000-4 Pre-Standardized Plans*

Assumptions:	2009	2010	2011	2012	2013	2014-2018
a.) Requested Rate Increase	4.2%	n/a	n/a	n/a	n/a	n/a
b.) Lapse Rate	0.1095	0.1300	0.1300	0.1300	0.1300	0.1300
c.) New Business Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
d.) Claims Trend Rate	1.0730	1.0800	1.0800	1.0800	1.0800	1.0800
e.) Premium Trend Rate	1.0427	1.0800	1.0800	1.0800	1.0800	1.0800
f.) Interest Rate	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

TOTAL PRE-STANDARDIZED**HISTORICAL EXPERIENCE**

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
1994	\$2,308,925	\$2,107,905	91.3%	3,422
1995	\$2,054,340	\$2,106,267	102.5%	3,132
1996	\$2,446,505	\$2,252,767	92.1%	2,730
1997	\$2,370,295	\$2,121,440	89.5%	2,301
1998	\$2,278,499	\$1,890,680	83.0%	1,725
1999	\$2,102,867	\$1,592,176	75.7%	1,380
2000	\$2,008,482	\$1,518,250	75.6%	1,237
2001	\$1,826,897	\$1,436,259	78.6%	1,128
2002	\$1,669,249	\$1,299,063	77.8%	990
2003	\$1,540,747	\$1,242,577	80.6%	900
2004	\$1,376,857	\$1,193,056	86.7%	801
2005	\$1,241,378	\$1,021,433	82.3%	701
2006	\$1,158,491	\$1,035,829	89.4%	615
2007	\$1,075,500	\$833,594	77.5%	536
2008	\$980,130	\$761,883	77.7%	468
Total Historical	\$26,439,162	\$22,413,178	84.8%	n/a
With Interest	\$44,965,240	\$38,620,398	85.9%	n/a

PROJECTED EXPERIENCE - WITHOUT 2009 RATE INCREASE

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
2009	\$872,899	\$727,991	83.4%	417
2010	\$820,176	\$684,020	83.4%	363
2011	\$770,638	\$642,705	83.4%	316
2012	\$724,091	\$603,886	83.4%	275
2013	\$680,356	\$567,411	83.4%	239
2014	\$639,263	\$533,140	83.4%	208
2015	\$600,651	\$500,938	83.4%	181
2016	\$564,372	\$470,681	83.4%	157
2017	\$530,284	\$442,252	83.4%	137
2018	\$498,255	\$415,540	83.4%	119
Total Projected	\$6,700,985	\$5,588,564	83.4%	n/a
Discounted with Interest	\$5,228,892	\$4,360,851	83.4%	n/a

PROJECTED EXPERIENCE - WITH 2009 RATE INCREASE

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
2009	\$910,207	\$727,991	80.0%	417
2010	\$855,230	\$684,020	80.0%	363
2011	\$803,574	\$642,705	80.0%	316
2012	\$755,038	\$603,886	80.0%	275
2013	\$709,434	\$567,411	80.0%	239
2014	\$666,584	\$533,140	80.0%	208
2015	\$626,322	\$500,938	80.0%	181
2016	\$588,493	\$470,681	80.0%	157
2017	\$552,948	\$442,252	80.0%	137
2018	\$519,550	\$415,540	80.0%	119
Total Projected	\$6,987,380	\$5,588,564	80.0%	n/a
Discounted with Interest	\$5,452,371	\$4,360,851	80.0%	n/a

LIFETIME EXPERIENCE - WITH 2009 RATE INCREASE

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
Total Lifetime	\$33,426,542	\$28,001,742	83.8%	n/a
Discounted with Interest	\$50,417,611	\$42,981,249	85.3%	n/a

*Excludes AD/DP

**Rhode Island
Pre-Standardized Plans Rate History**

	<u>1/2004*</u>	<u>1/2005*</u>	<u>1/2006</u>	<u>1/2007</u>	<u>1/2008</u>	Proposed <u>1/2009</u>	<u>2005/2004</u>	<u>2006/2005</u>	<u>2007/2006</u>	<u>2008/2007</u>	Proposed <u>2009/2008</u>
M1/J1/P1	\$91.50	\$94.75	\$103.50	\$111.25	\$116.25	\$121.25	3.6%	9.2%	7.5%	4.5%	4.3%
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$110.00	\$114.00	\$124.50	\$134.00	\$140.00	\$146.00	3.6%	9.2%	7.6%	4.5%	4.3%
M3/J3/P3 (with drugs)	\$197.50	\$204.75	\$223.75	\$237.50	\$241.25	\$251.50	3.7%	9.3%	6.1%	1.6%	4.2%
M3/J3/P3 (without drugs)			\$188.50	\$202.75	\$211.75	\$220.75			7.6%	4.4%	4.3%
M4 (with drugs)	\$215.25	\$223.25	\$244.00	\$259.25	\$264.00	\$275.25	3.7%	9.3%	6.3%	1.8%	4.3%
M4 (without drugs)			\$208.75	\$224.50	\$234.50	\$244.50			7.5%	4.5%	4.3%
M5/J5/P5	\$107.25	\$111.25	\$121.50	\$130.75	\$136.50	\$142.25	3.7%	9.2%	7.6%	4.4%	4.2%
M6/J6/P6/DC/DE/DF	\$133.75	\$138.75	\$151.50	\$163.00	\$170.25	\$177.50	3.7%	9.2%	7.6%	4.4%	4.3%
M7/P7 (with drugs)	\$205.25	\$212.75	\$232.50	\$247.00	\$251.25	\$261.75	3.7%	9.3%	6.2%	1.7%	4.2%
M7/P7 (without drugs)			\$197.25	\$212.25	\$221.75	\$231.00			7.6%	4.5%	4.2%
MA/PA	\$90.50	\$93.75	\$102.50	\$110.25	\$115.25	\$120.00	3.6%	9.3%	7.6%	4.5%	4.1%
AD/DP (Recuperation Care Rider)	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	0.0%	0.0%	0.0%	0.0%	0.0%

* The 2004 and 2005 rates were deferred until March 1.

National Inforce Lives

	<u>2007</u>	<u>2008*</u>	<u>2009*</u>
M1/J1/P1	8,486	7,312	6,307
M2/J2/P2/MC/MH/MM/MS/DA/DB	24,096	20,386	17,561
M3/J3/P3	41,908	36,203	31,217
M4	501	398	335
M5/J5/P5	6,996	6,102	5,251
M6/J6/P6/DC/DE/DF	229,975	201,006	173,510
M7/P7	34,958	30,691	26,440
MA/PA	14,333	12,695	10,841

*Projected

Service	Benefit	AARP's Medicare Supplement (M1, P1, J1)	AARP's Medicare Supplement Plus (M2,P2,J2)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$266	Actual charges up to \$1064
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$200 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$200 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	No benefit	No benefit
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined by AARP Health Care Options.

Service	Benefit	AARP's Extended Medicare Supplement (M3,P3,J3)	AARP'S Comprehensive Medicare Supplement (M4)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$1064	Actual charges up to \$1064
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**	100% of Medicare eligible expenses not paid in full by Medicare, up to the limiting charge set by Medicare, after a \$136 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	80% of usual and prevailing charges	80% of usual and prevailing charges
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	50% of usual and prevailing charges after \$50 deductible; Max benefit of \$500/yr.	50% of usual and prevailing after \$50 deductible; Max benefit of \$500/yr.
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined by AARP Health Care Options.

Service	Benefit	AARP's Medicare Supplement (M5,P5,J5)	AARP'S Medicare Supplement Plus (M6,P6,J6)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$266	Actual charges up to \$1064
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	No benefit	No benefit
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined by AARP Health Care Options.

Service	Benefit	AARP'S Comprehensive Medicare Supplement (M7,P7)	AARP's Medicare Supplement (MA, PA)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$1064	No benefit
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	Medicare eligible expenses not paid in full by Medicare. Up to the usual & prevailing charge set by Medicare after a \$136 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	80% of the usual and prevailing charges	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/hospital stay
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	100% of the cost not paid by Medicare
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	50% of usual and prevailing charges after \$50 deductible; Max benefit of \$500/yr.	No benefit
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital
and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA)
each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined
by AARP Health Care Options.

Service	Benefit	AD/DP
<i>Nursing Home Stays</i>	Days 1-20 per calendar year*	\$60/day
	Days 21 and after	No Benefit
<i>Home Health Care Visits</i>	Visits 1-40 per calendar year*	\$30/visit; 3 hr. minimum/visit
	Visits 41 and after	No Benefit

* Days and visits which are covered (wholly or partly) by Medicare are days and visits not eligible for benefits under this rider.

Rhode Island Medicare Supplement Pre-Standardized Plans Trend Development

The components of the composite trend are shown below.

Part A Deductible.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Part A Deductible	\$952	\$992	\$1,024	\$1,064
% Change in Part A Deductible	4.4%	4.2%	3.2%	3.9%
Utilization Trend	8.3%	-16.3%	-2.1%	2.3%
Composite Trend	13.1%	-12.8%	1.0%	6.3%

Hospital Co-Payments. Hospital Co-payments are paid for days 61 and after for long hospital stays.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Daily Coinsurance Amount	\$238	\$248	\$256	\$266
% Change in Daily Coinsurance	4.4%	4.2%	3.2%	3.9%
Utilization/ Length of Stay Trend	-64.6%	1058.3%	-2.6%	0.0%
Composite Trend	-63.0%	1106.9%	0.5%	3.9%

Skilled Nursing. Medicare Supplement plans which have a skilled nursing facility stay benefit pay the Medicare cost sharing amount for days 21-100. These plans also cover an additional 265 days.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Daily Coinsurance	\$119	\$124	\$128	\$133
% Change in Daily Coinsurance	4.4%	4.2%	3.2%	3.9%
Utilization/Length of Stay, days 21-365	63.9%	-13.6%	9.1%	9.0%
Composite Trend	71.0%	-9.9%	12.7%	13.2%

Part B Coinsurance.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Fee Update	-1.8%	-0.8%	0.9%	1.9%
Utilization Trend	13.6%	-3.8%	2.3%	3.6%
Composite Trend	11.6%	-4.6%	3.2%	5.5%

The net increase in the cost for Part B services in 2008 was 0.9%. For 2009, we assume a net increase of 1.9%.

Utilization trend considers changes in the number of services used as well as the intensity of services. Our assumed utilization trends for 2008 and 2009 are 2.3% and 3.6%, respectively.

Part B Excess. Projected claim costs for 2008 and 2009 are \$0.63 and \$0.65 respectively.

Prescription Drugs. Our assumed composite trends for plans M3, M4, and M7 are -6.8% for 2008, and 1.5% for 2009.

Foreign Care / Private Duty Nursing. In aggregate, these benefits represent less than 0.1% of the total Rhode Island claim cost.

RHODE ISLAND AGGREGATE LOSS RATIO CALCULATION

	<u>Premium</u>	<u>Premium Accumulated to 12/08</u>	<u>Incurred Claims</u>	<u>Incurred Claims Accumulated to 12/08</u>	<u>Incurred Loss Ratio d/b</u>
	a	b	c	d	
TOTAL M-SERIES					
1990	\$1,694,000	\$4,978,195	\$1,644,749	\$4,833,460	97.1%
1991	\$2,061,167	\$5,714,337	\$1,741,043	\$4,826,833	84.5%
1992	\$2,277,300	\$5,956,169	\$2,257,282	\$5,903,813	99.1%
1993	\$2,367,460	\$5,841,489	\$2,195,875	\$5,418,119	92.8%
1994	\$2,308,925	\$5,374,584	\$2,107,905	\$4,906,662	91.3%
1995	\$2,054,340	\$4,511,298	\$2,106,267	\$4,625,329	102.5%
1996	\$2,446,505	\$5,068,384	\$2,252,767	\$4,667,020	92.1%
1997	\$2,370,295	\$4,632,546	\$2,121,440	\$4,146,181	89.5%
1998	\$2,278,499	\$4,201,075	\$1,890,680	\$3,486,018	83.0%
1999	\$2,102,867	\$3,657,780	\$1,592,176	\$2,769,470	75.7%
2000	\$2,008,482	\$3,295,852	\$1,518,250	\$2,491,398	75.6%
2001	\$1,826,897	\$2,828,187	\$1,436,259	\$2,223,447	78.6%
2002	\$1,669,249	\$2,437,862	\$1,299,063	\$1,897,222	77.8%
2003	\$1,540,747	\$2,122,822	\$1,242,577	\$1,712,007	80.6%
2004	\$1,376,857	\$1,789,639	\$1,193,056	\$1,550,733	86.7%
2005	\$1,241,378	\$1,522,209	\$1,021,433	\$1,252,507	82.3%
2006	\$1,158,491	\$1,340,163	\$1,035,829	\$1,198,265	89.4%
2007	\$1,075,500	\$1,173,733	\$833,594	\$909,732	77.5%
2008	\$980,130	\$1,009,106	\$761,883	\$784,406	77.7%
Sub-Total	\$34,839,089	\$67,455,429	\$30,252,128	\$59,602,622	88.4%
2009	\$910,207	\$884,071	\$727,991	\$707,087	80.0%
2010	\$855,230	\$783,654	\$684,020	\$626,773	80.0%
2011	\$803,574	\$694,642	\$642,705	\$555,581	80.0%
2012	\$755,038	\$615,742	\$603,886	\$492,475	80.0%
2013	\$709,434	\$545,803	\$567,411	\$436,537	80.0%
2014	\$666,584	\$483,808	\$533,140	\$386,953	80.0%
2015	\$626,322	\$428,854	\$500,938	\$343,001	80.0%
2016	\$588,493	\$380,143	\$470,681	\$304,042	80.0%
2017	\$552,948	\$336,965	\$442,252	\$269,507	80.0%
2018	\$519,550	\$298,690	\$415,540	\$238,895	80.0%
Aggregate (1990-2018)	\$41,826,469	\$72,907,800	\$35,840,692	\$63,963,474	87.7%
Expected Future (2009-2018)	\$6,987,380	\$5,452,371	\$5,588,564	\$4,360,851	80.0%

Assumption: Interest rate is 6%.

Rhode Island Pre-Standardized
Paid and Incurred Experience
(Most recent 5 years shown)

Pre-Standardized *	<u>Paid Premium</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Incurred Claims</u>	<u>Incurred Expenses</u>	<u>Paid Loss Ratios</u>	<u>Incurred Loss Ratios</u>
2003	1,540,747	1,540,747	1,225,242	1,242,577	248,060	79.5%	80.6%
2004	1,376,857	1,376,857	1,231,137	1,193,056	203,775	89.4%	86.7%
2005	1,241,378	1,241,378	1,076,621	1,021,433	184,912	86.7%	82.3%
2006	1,158,491	1,158,491	984,392	1,035,829	182,331	85.0%	89.4%
2007	1,075,500	1,075,500	876,078	833,594	159,296	81.5%	77.5%

* Excludes AD/DP

2009 RATES FOR PLANS NOT ISSUED IN RHODE ISLAND

<u>Plan</u>	<u>Monthly Rate</u>
S1	\$121.25
S2	\$146.00
S3 (with drugs)	\$251.50
S3 (without drugs)	\$220.75
S4 (with drugs)	\$275.25
S4 (without drugs)	\$244.50
S6	\$177.50
S7 (with drugs)	\$261.75
S7 (without drugs)	\$231.00
SA	\$120.00
TA/XA/HA/YA	\$120.00
NA/QA	\$117.25
N6/Q6	\$171.25
N3/Q3 (with drugs)	\$80.25
N3/Q3 (without drugs)	\$49.50
N7/Q7 (with drugs)	\$90.50
N7/Q7 (without drugs)	\$59.75
M8/P8	\$140.00
M9/P9	\$175.25
D6/D7/D8/D9	\$12.00

2009 Rates for Pre-Baucus Coverages

AG	\$49.00
W (with drugs)	\$221.50
W (without drugs)	\$201.50
X	\$141.50
Y	\$93.25

Pre-Standardized Plans Credibility Adjustment

National Experience							
	2004	2005	2006	2007	2008	2009 without an increase	2009
Average Lives	623,856	551,600	485,706	418,371	364,579	314,000	314,000
Average Rate	152.87	162.33	171.17	183.63	191.04	191.25	199.42
Claim PMPM	134.89	142.92	145.66	150.69	159.21	170.07	170.07

Rhode Island Average <u>2007 Lives</u>	Credibility <u>Factor*</u>	Projected Rhode Island <u>Increase</u>	Projected National <u>Increase</u>	Revised Rhode Island <u>Increase **</u>
536	2.4%	3.0%	4.2%	4.2%

*(Rhode Island Average Lives - 500) / 1500 = Credibility Factor

**Rhode Island Increase X Credibility Factor + National Increase X (1 - Credibility Factor) = Revised Rhode Island Increase

SERFF Tracking Number: UHLC-125751115 State: Rhode Island
Filing Company: United HealthCare Insurance Company State Tracking Number:
Company Tracking Number:
TOI: MS02G Group Medicare Supplement - Pre- Sub-TOI: MS02G.000 Medicare Supplement - Pre-
Standardized Standardized
Product Name: MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
Project Name/Number: RATES/RERATE 2009 - PRE-STD

Supporting Document Schedules

Review Status:

Satisfied -Name: Actuarial Certification - Life & A&H 07/29/2008

Comments:

THE ACTUARIAL CERTIFICATION IS INCLUDED WITH THE ACTUARIAL MEMORANDUM WHICH IS ATTACHED TO THE RATE/RULE SCHEDULE.

Review Status:

Satisfied -Name: Actuarial Memorandum - A&H Rate
Revision Filing 07/29/2008

Comments:

SEE ATTACHED ACTUARIAL MEMORANDUM WHICH IS ALSO ATTACHED TO THE RATE/RULE SCHEDULE.

Attachment:

Ri_ps09memo.pdf

Review Status:

Satisfied -Name: A&H Experience 07/29/2008

Comments:

SEE ATTACHED RATE ATTACHMENTS WHICH IS ALSO ATTACHED TO THE RATE/RULE SCHEDULE.

Attachment:

RI (Pre) Attachments.pdf

Review Status:

Bypassed -Name: Exhibits - A&H 07/29/2008

Bypass Reason: NOT REQUIRED. THIS IS NOT A BENCHMARK FILING.

Comments:

Review Status:

Satisfied -Name: Premium Rate Sheets - Life & A&H 07/29/2008

Comments:

SEE ATTACHED RATE SCHEDULE WHICH IS ALSO ATTACHED TO THE RATE/RULE SCHEDULE.

Attachment:

<i>SERFF Tracking Number:</i>	<i>UHLC-125751115</i>	<i>State:</i>	<i>Rhode Island</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02G Group Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02G.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS</i>		
<i>Project Name/Number:</i>	<i>RATES/RERATE 2009 - PRE-STD</i>		

RI (Pre) Rate Schedule.pdf

SERFF Tracking Number: UHLC-125751115 State: Rhode Island
Filing Company: United HealthCare Insurance Company State Tracking Number:
Company Tracking Number:
TOI: MS02G Group Medicare Supplement - Pre- Sub-TOI: MS02G.000 Medicare Supplement - Pre-
Standardized Standardized
Product Name: MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS
Project Name/Number: RATES/RERATE 2009 - PRE-STD

Review Status:

Satisfied -Name: COVER LETTER 08/19/2008
Comments:
SEE ATTACHED COVER LETTER.
Attachment:
RI cover letter - pre -std.pdf

Review Status:

Satisfied -Name: UNIFORM TRANSMITTAL 08/19/2008
DOCUMENT
Comments:
SEE ATTACHED UNIFORM TRANSMITTAL DOCUMENT.
Attachment:
RI TRANSMITTAL - PRE 2009.pdf

United HealthCare Insurance Company

Actuarial Memorandum

AARP Medicare Supplement Portfolio

Group Policy Number G-36000-4

Rhode Island

A. Purpose of Filing

The purpose of this filing is to file rates for the Pre-Standardized Medicare Supplement plans effective January 1, 2009, and to demonstrate compliance with loss ratio standards.

B. General Description

1. Issuer Name – The Prudential Insurance Company of America. United HealthCare assumed this risk effective January 1, 1998, through an assumptive reinsurance agreement with Prudential.
2. Form Number – Group Policy Number G-36000-4
Prescription Drug Elimination Rider: CRA 1664
3. Policy Type – Pre-Standardized Group Medicare Supplement.
4. Benefit Description – See Attachment 8 for plan specific benefit descriptions. These Medicare Supplement plans were sold prior to standardization and met Baucus requirements.

Prescription drug benefits will be discontinued for insured covered by Plans M3, M4, and M7 who enroll in Medicare Part D. Prescription drug benefits will continue for insureds covered by Plans M3, M4, and M7 who do not enroll in Medicare Part D.

5. Renewal Provision – Guaranteed renewable. If the group policy is terminated by the group policyholder and not replaced by another group policy by the same policyholder, an individual policy will be offered.
6. Marketing Method – This is a closed block of business. Plans were marketed through the mail to members of AARP.
7. Underwriting Method – The Pre-Standardized Plans and Rider AD/DP were available on a guaranteed issue basis.

8. Pre-Existing Conditions Exclusion – This is a closed block of business; the maximum exclusion on any of these plans was 6 months/6 months.
9. Issue Age Limits – This is a closed block of business.
10. Premium Basis – Premium is earned on the first of the month for the entire month in which it is due. Premiums do not vary by age and contain no pre-funding components.

Discounts Available – The discounts currently available to AARP Health Care Options members will remain:

- a) Payment by Electronic Funds Transfer (\$2.00 per household per month).
- b) Annual Pay (\$24 per household for those that pay their entire calendar year premium in January).
- c) Multi-Insured (5% when two or more insureds on one account have at least one plan of insurance with AARP Health Care Options).

11. Actuary's Name – David M. Walker, ASA, MAAA, FLMI
Director, Actuarial Services
Ovations Insurance Solutions
Post Office Box 130
Montgomeryville, PA 18936
(267) 470-1361

12. Domicile State Approval – United HealthCare Insurance Company is domiciled in Connecticut. The Connecticut Department of Insurance does not require these rates to be filed for your state. We file Connecticut specific rates (i.e., rates charged to Connecticut residents) with the Connecticut Department of Insurance. Proposed 2009 Connecticut specific rates were filed for approval with the Connecticut Department of Insurance in August, 2008.

C. Rate Methodology/Assumptions

1. General Method – Projections used in developing the 2009 rates are shown in Attachment 1. Based on historical claim patterns, per member per month net claim rates are developed by benefit and trended to the end of the 2009 rating period (also see Attachment 2).

The proposed rate increase was calculated using both Rhode Island and National experience (See Attachment 13). The rate increase percentage for these certificates represents the average increase needed for the plans when grouped together. This approach should result in more moderate increases for all of the insureds.

The rates are based on state of residence. When notification of a change of residence is received, rates are adjusted accordingly.

2. Priced with Trend/Selection – Claim cost trends are projected for 2008 and 2009. The trend assumptions are based on the historical experience of the AARP Health Care Options plans in your state. These certificates have been in force since 1992 or prior; no explicit adjustment for selection is included in the pricing.
3. Priced with Rate Increases – Rates are calculated to be sufficient through 2009. We anticipate future annual rate increases at levels similar to future annual medical trend.
4. Commission Rate – None.
5. Replacement Commissions – None.
6. Lapse Assumption – Lapse assumptions are based on actual experience in your state. For 2008 and 2009, the assumed annual lapse rates (including death) are 12.6% and 10.9%, respectively.
7. Morbidity Assumption – Morbidity assumptions are based on actual experience in your state and are incorporated into the trend projections and base claim costs.
8. Interest Assumptions – 6.0%.
9. Reflect Pre-Funding – These plans are community-rated. The rates are projected to be effective for one year and reflect no pre-funding.

D. Scope/Reason for Request

1. Overall Increase – The overall increase is 4.2%.
2. Variations by Cell – The requested rate increases represent the average increase needed for the plans when grouped together (see enclosed Rate Schedule).
3. Effective Date – January 1, 2009.
4. Timing – These plans are rated on a calendar year basis. Requested rate changes will be implemented on January 1, 2009.

E. Rates and Rating Factors

1. Current – See Rate Schedule.
2. Proposed – See Rate Schedule.
3. Period Rates Apply – January 1, 2009 through December 31, 2009.

F. Average Annualized Premium - \$2,188. See Attachment 3 for annualized premiums by plan.

G. Rate History – See Attachment 6.

H. In Force Counts – See Attachment 4.

I. Historical Incurred Claims – See Attachment 4.

J. Historical Earned Premium – See Attachment 4.

K. Loss Ratio Projection

1. Definition – The loss ratio development is based on incurred claims divided by premium.
2. Base Period – Claim cost projections are based on claim data incurred through 2007.
3. Lapse Assumption – Lapse assumptions are based on actual AARP Health Care Options experience in your state. For 2008 and 2009, the assumed annual lapse rates (including death) are 12.6% and 10.9%, respectively.
4. Claim Trend Assumption – Claim trend projections are based on actual AARP Health Care Options experience in your state and reflect changes made to the Medicare program. See Attachment 1 and 2 for projected claim trends.
5. Attained Age/Selection Adjustments – These plans are community rated. Demographic and selection differences are built into the historical claim costs.
6. Future Rate Increases – Future annual rate increases are projected to be at levels similar to future annual medical trend levels.
7. Interest Assumption – 6.0%.
8. With and Without Rate Change
 - The projected 2009 loss ratio with the rate change implemented on January 1, 2009 is 79.9%.
 - Without a change to the 2008 rates, the projected 2009 loss ratio is 83.3%.

L. Loss Ratio Demonstration

All Pre-Standardized plans have been inforce at least three years. The anticipated loss ratio for these plans is 79.9% for 2009 (See Attachment 1). The anticipated 2009 loss ratio meets or exceeds the loss ratio presumed reasonable by Rhode Island law.

M. Actuarial Certification

1. The assumptions within this filing present my best judgment as to the expected value for each assumption and are consistent with United HealthCare's business plan at the time of the filing.
2. The anticipated lifetime loss ratio, future loss ratios, and third-year loss ratios all meet or exceed the applicable ratio.
3. This filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice. I relied on prior audits of the source data used in this filing and compared the data contained in prior comparable submissions to verify its reasonability.
4. To the best of my knowledge, this filing is in compliance with the applicable laws and regulations of the state of Rhode Island. I relied on direction and advice from other UnitedHealth Group staff regarding legal and compliance requirements.
5. The rates determined in this filing are reasonable in relationship to the benefits provided.



David M. Walker, ASA, MAAA, FLMI
Director, Actuarial Services

August 18, 2008

Date

UNITED HEALTHCARE INSURANCE COMPANY

PRE-STANDARDIZED MEDICARE SUPPLEMENT RATE FILING

GROUP POLICY NUMBER G-36000-4

Rhode Island

EFFECTIVE 1/1/2009

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August 2008

**Pre-Standardized Plans
Projection Of Rhode Island Loss Ratios**

	<u>Total</u>
2007 Average Lives	536
2007 Average Rate	\$167.78
2007 Net Claim Rate	\$130.06
2007 Loss Ratio	77.5%
2008 Average Lives	468
2008 Average Rate	\$174.87
2008 Net Claim Rate	\$135.88
2008 Trend in Benefit Cost	4.5%
2008 Loss Ratio	77.7%
2009 Average Lives	417
2009 Average Rate	\$182.35
2009 Net Claim Rate	\$145.73
2009 Trend in Benefit Cost	7.2%
2009 Loss Ratio	79.9%

**Average rates are net of discounts.*

**PRE-STANDARDIZED PLANS
RHODE ISLAND BENEFIT COSTS**

	Per Member Per Month Costs*					
	<u>2004</u>	<u>2005</u>	<u>2006**</u>	<u>2007**</u>	<u>Proj 2008**</u>	<u>Proj 2009**</u>
Part B	\$74.94	\$74.44	\$83.04	\$79.29	\$81.82	\$86.31
Part A	\$41.33	\$39.51	\$54.09	\$49.36	\$52.91	\$58.22
Prescription Drugs	\$30.26	\$29.86	\$37.10	\$25.99	\$24.23	\$24.59
Other	\$0.05	\$0.02	\$0.00	\$0.00	\$0.08	\$0.10
Total PMPM Costs	\$124.28	\$121.80	\$140.67	\$130.06	\$135.88	\$145.73
<i>Trend***</i>		-2.0%	15.5%	-7.5%	4.5%	7.2%

*The per member per month claim costs are equal to the incurred claims divided by the number of lives with that specific benefit.

"Other" includes foreign care and/or private duty nursing benefits.

** Beginning in 2006, some insureds enrolled in plans that offer prescription drug coverage will not have the drug benefit.

***2006 and 2007 trends appear low due to members who had prescription drug coverage enrolling in Medicare Part D and dropping coverage for that benefit. The trends for 2006 and 2007, excluding the drug benefit from the calculations, are 20.3% and -6.2%, respectively.

Rhode Island Average Annualized Premiums*

<u>Plan</u>	Proposed <u>2009</u>	<u>2008</u>
M1/J1/P1	\$1,416	\$1,362
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$1,708	\$1,658
M3/J3/P3	\$2,660	\$2,549
M4	-	-
M5/J5/P5	\$1,663	\$1,576
M6/J6/P6/DC/DE/DF	\$2,079	\$1,993
M7/P7	\$2,751	\$2,640
MA/PA	\$1,401	\$1,349
AD/DP	\$47	\$47

**Average premiums are net of discounts.*

Rhode Island Pre-Standardized Medicare Supplement Exhibit

Total

Calendar Year	Incurred Claims	Earned Premiums	Loss Ratio	Average Lives
1994	2,117,030	2,334,215	90.7%	3,422
1995	2,115,779	2,069,368	102.2%	3,132
1996	2,261,499	2,459,473	92.0%	2,730
1997	2,131,670	2,381,661	89.5%	2,301
1998	1,905,170	2,288,154	83.3%	1,725
1999	1,601,086	2,111,097	75.8%	1,380
2000	1,526,950	2,015,683	75.8%	1,237
2001	1,445,679	1,833,246	78.9%	1,128
2002	1,302,903	1,674,866	77.8%	990
2003	1,244,719	1,545,846	80.5%	900
2004	1,194,616	1,381,223	86.5%	801
2005	1,023,833	1,245,144	82.2%	701
2006	1,038,681	1,161,845	89.4%	615
2007	835,913	1,078,304	77.5%	536

**Pre-Standardized Plans in force on the SSAA-94 effective date are grouped together by type and treated as if they were issued on the SSAA-94 effective date.*

RHODE ISLAND - LOSS RATIO PROJECTIONS

Company: United HealthCare Insurance Company
 Policy Form: G-36000-4 Pre-Standardized Plans*

Assumptions:	2009	2010	2011	2012	2013	2014-2018
a.) Requested Rate Increase	4.2%	n/a	n/a	n/a	n/a	n/a
b.) Lapse Rate	0.1095	0.1300	0.1300	0.1300	0.1300	0.1300
c.) New Business Factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
d.) Claims Trend Rate	1.0730	1.0800	1.0800	1.0800	1.0800	1.0800
e.) Premium Trend Rate	1.0427	1.0800	1.0800	1.0800	1.0800	1.0800
f.) Interest Rate	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

TOTAL PRE-STANDARDIZED**HISTORICAL EXPERIENCE**

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
1994	\$2,308,925	\$2,107,905	91.3%	3,422
1995	\$2,054,340	\$2,106,267	102.5%	3,132
1996	\$2,446,505	\$2,252,767	92.1%	2,730
1997	\$2,370,295	\$2,121,440	89.5%	2,301
1998	\$2,278,499	\$1,890,680	83.0%	1,725
1999	\$2,102,867	\$1,592,176	75.7%	1,380
2000	\$2,008,482	\$1,518,250	75.6%	1,237
2001	\$1,826,897	\$1,436,259	78.6%	1,128
2002	\$1,669,249	\$1,299,063	77.8%	990
2003	\$1,540,747	\$1,242,577	80.6%	900
2004	\$1,376,857	\$1,193,056	86.7%	801
2005	\$1,241,378	\$1,021,433	82.3%	701
2006	\$1,158,491	\$1,035,829	89.4%	615
2007	\$1,075,500	\$833,594	77.5%	536
2008	\$980,130	\$761,883	77.7%	468
Total Historical	\$26,439,162	\$22,413,178	84.8%	n/a
With Interest	\$44,965,240	\$38,620,398	85.9%	n/a

PROJECTED EXPERIENCE - WITHOUT 2009 RATE INCREASE

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
2009	\$872,899	\$727,991	83.4%	417
2010	\$820,176	\$684,020	83.4%	363
2011	\$770,638	\$642,705	83.4%	316
2012	\$724,091	\$603,886	83.4%	275
2013	\$680,356	\$567,411	83.4%	239
2014	\$639,263	\$533,140	83.4%	208
2015	\$600,651	\$500,938	83.4%	181
2016	\$564,372	\$470,681	83.4%	157
2017	\$530,284	\$442,252	83.4%	137
2018	\$498,255	\$415,540	83.4%	119
Total Projected	\$6,700,985	\$5,588,564	83.4%	n/a
Discounted with Interest	\$5,228,892	\$4,360,851	83.4%	n/a

PROJECTED EXPERIENCE - WITH 2009 RATE INCREASE

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
2009	\$910,207	\$727,991	80.0%	417
2010	\$855,230	\$684,020	80.0%	363
2011	\$803,574	\$642,705	80.0%	316
2012	\$755,038	\$603,886	80.0%	275
2013	\$709,434	\$567,411	80.0%	239
2014	\$666,584	\$533,140	80.0%	208
2015	\$626,322	\$500,938	80.0%	181
2016	\$588,493	\$470,681	80.0%	157
2017	\$552,948	\$442,252	80.0%	137
2018	\$519,550	\$415,540	80.0%	119
Total Projected	\$6,987,380	\$5,588,564	80.0%	n/a
Discounted with Interest	\$5,452,371	\$4,360,851	80.0%	n/a

LIFETIME EXPERIENCE - WITH 2009 RATE INCREASE

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
Total Lifetime	\$33,426,542	\$28,001,742	83.8%	n/a
Discounted with Interest	\$50,417,611	\$42,981,249	85.3%	n/a

*Excludes AD/DP

**Rhode Island
Pre-Standardized Plans Rate History**

	<u>1/2004*</u>	<u>1/2005*</u>	<u>1/2006</u>	<u>1/2007</u>	<u>1/2008</u>	Proposed <u>1/2009</u>	<u>2005/2004</u>	<u>2006/2005</u>	<u>2007/2006</u>	<u>2008/2007</u>	Proposed <u>2009/2008</u>
M1/J1/P1	\$91.50	\$94.75	\$103.50	\$111.25	\$116.25	\$121.25	3.6%	9.2%	7.5%	4.5%	4.3%
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$110.00	\$114.00	\$124.50	\$134.00	\$140.00	\$146.00	3.6%	9.2%	7.6%	4.5%	4.3%
M3/J3/P3 (with drugs)	\$197.50	\$204.75	\$223.75	\$237.50	\$241.25	\$251.50	3.7%	9.3%	6.1%	1.6%	4.2%
M3/J3/P3 (without drugs)			\$188.50	\$202.75	\$211.75	\$220.75			7.6%	4.4%	4.3%
M4 (with drugs)	\$215.25	\$223.25	\$244.00	\$259.25	\$264.00	\$275.25	3.7%	9.3%	6.3%	1.8%	4.3%
M4 (without drugs)			\$208.75	\$224.50	\$234.50	\$244.50			7.5%	4.5%	4.3%
M5/J5/P5	\$107.25	\$111.25	\$121.50	\$130.75	\$136.50	\$142.25	3.7%	9.2%	7.6%	4.4%	4.2%
M6/J6/P6/DC/DE/DF	\$133.75	\$138.75	\$151.50	\$163.00	\$170.25	\$177.50	3.7%	9.2%	7.6%	4.4%	4.3%
M7/P7 (with drugs)	\$205.25	\$212.75	\$232.50	\$247.00	\$251.25	\$261.75	3.7%	9.3%	6.2%	1.7%	4.2%
M7/P7 (without drugs)			\$197.25	\$212.25	\$221.75	\$231.00			7.6%	4.5%	4.2%
MA/PA	\$90.50	\$93.75	\$102.50	\$110.25	\$115.25	\$120.00	3.6%	9.3%	7.6%	4.5%	4.1%
AD/DP (Recuperation Care Rider)	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	0.0%	0.0%	0.0%	0.0%	0.0%

* The 2004 and 2005 rates were deferred until March 1.

National Inforce Lives

	<u>2007</u>	<u>2008*</u>	<u>2009*</u>
M1/J1/P1	8,486	7,312	6,307
M2/J2/P2/MC/MH/MM/MS/DA/DB	24,096	20,386	17,561
M3/J3/P3	41,908	36,203	31,217
M4	501	398	335
M5/J5/P5	6,996	6,102	5,251
M6/J6/P6/DC/DE/DF	229,975	201,006	173,510
M7/P7	34,958	30,691	26,440
MA/PA	14,333	12,695	10,841

*Projected

Service	Benefit	AARP's Medicare Supplement (M1, P1, J1)	AARP's Medicare Supplement Plus (M2,P2,J2)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$266	Actual charges up to \$1064
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$200 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$200 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	No benefit	No benefit
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined by AARP Health Care Options.

Service	Benefit	AARP's Extended Medicare Supplement (M3,P3,J3)	AARP'S Comprehensive Medicare Supplement (M4)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$1064	Actual charges up to \$1064
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**	100% of Medicare eligible expenses not paid in full by Medicare, up to the limiting charge set by Medicare, after a \$136 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	80% of usual and prevailing charges	80% of usual and prevailing charges
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	50% of usual and prevailing charges after \$50 deductible; Max benefit of \$500/yr.	50% of usual and prevailing after \$50 deductible; Max benefit of \$500/yr.
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined by AARP Health Care Options.

Service	Benefit	AARP's Medicare Supplement (M5,P5,J5)	AARP'S Medicare Supplement Plus (M6,P6,J6)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$266	Actual charges up to \$1064
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	No benefit	No benefit
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined by AARP Health Care Options.

Service	Benefit	AARP'S Comprehensive Medicare Supplement (M7,P7)	AARP's Medicare Supplement (MA, PA)
HOSPITAL EXPENSES (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$1064	No benefit
	Days 61 through 90	to \$266/day	to \$266/day
	Days 91 and after when using a Lifetime Reserve Day	\$532/day	\$532/day
	Days 91 and after when LTR's are available but not used	\$532/day for up to 60 days	\$532/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
SKILLED NURSING FACILITY STAYS (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$133.00/day	\$133.00/day
	Days 101 through 365	\$266/day	\$266/day
MEDICAL CARE (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	Medicare eligible expenses not paid in full by Medicare. Up to the usual & prevailing charge set by Medicare after a \$136 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$136 medical deductible**
IN-HOSPITAL PRIVATE DUTY NURSING CARE	In-Hospital Care by an RN or LPN	80% of the usual and prevailing charges	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/hospital stay
BLOOD - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	100% of the cost not paid by Medicare
PRESCRIPTION DRUGS	Purchased Out-of-Hospital and outside of a SNF	50% of usual and prevailing charges after \$50 deductible; Max benefit of \$500/yr.	No benefit
FOREIGN HOSPITAL & MEDICAL CARE Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (1)	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period	80% of reasonable charges (2) after first \$50 up to \$25,000 per trip period

* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

** Medical deductible- first \$200 (Plans M1 & M2) or first \$136 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

(2) Reasonable charge means the customary charge for a like service in the U.S. as determined by AARP Health Care Options.

Service	Benefit	AD/DP
<i>Nursing Home Stays</i>	Days 1-20 per calendar year*	\$60/day
	Days 21 and after	No Benefit
<i>Home Health Care Visits</i>	Visits 1-40 per calendar year*	\$30/visit; 3 hr. minimum/visit
	Visits 41 and after	No Benefit

* Days and visits which are covered (wholly or partly) by Medicare are days and visits not eligible for benefits under this rider.

Rhode Island Medicare Supplement Pre-Standardized Plans Trend Development

The components of the composite trend are shown below.

Part A Deductible.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Part A Deductible	\$952	\$992	\$1,024	\$1,064
% Change in Part A Deductible	4.4%	4.2%	3.2%	3.9%
Utilization Trend	8.3%	-16.3%	-2.1%	2.3%
Composite Trend	13.1%	-12.8%	1.0%	6.3%

Hospital Co-Payments. Hospital Co-payments are paid for days 61 and after for long hospital stays.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Daily Coinsurance Amount	\$238	\$248	\$256	\$266
% Change in Daily Coinsurance	4.4%	4.2%	3.2%	3.9%
Utilization/ Length of Stay Trend	-64.6%	1058.3%	-2.6%	0.0%
Composite Trend	-63.0%	1106.9%	0.5%	3.9%

Skilled Nursing. Medicare Supplement plans which have a skilled nursing facility stay benefit pay the Medicare cost sharing amount for days 21-100. These plans also cover an additional 265 days.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Daily Coinsurance	\$119	\$124	\$128	\$133
% Change in Daily Coinsurance	4.4%	4.2%	3.2%	3.9%
Utilization/Length of Stay, days 21-365	63.9%	-13.6%	9.1%	9.0%
Composite Trend	71.0%	-9.9%	12.7%	13.2%

Part B Coinsurance.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Medicare Fee Update	-1.8%	-0.8%	0.9%	1.9%
Utilization Trend	13.6%	-3.8%	2.3%	3.6%
Composite Trend	11.6%	-4.6%	3.2%	5.5%

The net increase in the cost for Part B services in 2008 was 0.9%. For 2009, we assume a net increase of 1.9%.

Utilization trend considers changes in the number of services used as well as the intensity of services. Our assumed utilization trends for 2008 and 2009 are 2.3% and 3.6%, respectively.

Part B Excess. Projected claim costs for 2008 and 2009 are \$0.63 and \$0.65 respectively.

Prescription Drugs. Our assumed composite trends for plans M3, M4, and M7 are -6.8% for 2008, and 1.5% for 2009.

Foreign Care / Private Duty Nursing. In aggregate, these benefits represent less than 0.1% of the total Rhode Island claim cost.

RHODE ISLAND AGGREGATE LOSS RATIO CALCULATION

	<u>Premium</u>	<u>Premium Accumulated to 12/08</u>	<u>Incurred Claims</u>	<u>Incurred Claims Accumulated to 12/08</u>	<u>Incurred Loss Ratio d/b</u>
	a	b	c	d	
TOTAL M-SERIES					
1990	\$1,694,000	\$4,978,195	\$1,644,749	\$4,833,460	97.1%
1991	\$2,061,167	\$5,714,337	\$1,741,043	\$4,826,833	84.5%
1992	\$2,277,300	\$5,956,169	\$2,257,282	\$5,903,813	99.1%
1993	\$2,367,460	\$5,841,489	\$2,195,875	\$5,418,119	92.8%
1994	\$2,308,925	\$5,374,584	\$2,107,905	\$4,906,662	91.3%
1995	\$2,054,340	\$4,511,298	\$2,106,267	\$4,625,329	102.5%
1996	\$2,446,505	\$5,068,384	\$2,252,767	\$4,667,020	92.1%
1997	\$2,370,295	\$4,632,546	\$2,121,440	\$4,146,181	89.5%
1998	\$2,278,499	\$4,201,075	\$1,890,680	\$3,486,018	83.0%
1999	\$2,102,867	\$3,657,780	\$1,592,176	\$2,769,470	75.7%
2000	\$2,008,482	\$3,295,852	\$1,518,250	\$2,491,398	75.6%
2001	\$1,826,897	\$2,828,187	\$1,436,259	\$2,223,447	78.6%
2002	\$1,669,249	\$2,437,862	\$1,299,063	\$1,897,222	77.8%
2003	\$1,540,747	\$2,122,822	\$1,242,577	\$1,712,007	80.6%
2004	\$1,376,857	\$1,789,639	\$1,193,056	\$1,550,733	86.7%
2005	\$1,241,378	\$1,522,209	\$1,021,433	\$1,252,507	82.3%
2006	\$1,158,491	\$1,340,163	\$1,035,829	\$1,198,265	89.4%
2007	\$1,075,500	\$1,173,733	\$833,594	\$909,732	77.5%
2008	\$980,130	\$1,009,106	\$761,883	\$784,406	77.7%
Sub-Total	\$34,839,089	\$67,455,429	\$30,252,128	\$59,602,622	88.4%
2009	\$910,207	\$884,071	\$727,991	\$707,087	80.0%
2010	\$855,230	\$783,654	\$684,020	\$626,773	80.0%
2011	\$803,574	\$694,642	\$642,705	\$555,581	80.0%
2012	\$755,038	\$615,742	\$603,886	\$492,475	80.0%
2013	\$709,434	\$545,803	\$567,411	\$436,537	80.0%
2014	\$666,584	\$483,808	\$533,140	\$386,953	80.0%
2015	\$626,322	\$428,854	\$500,938	\$343,001	80.0%
2016	\$588,493	\$380,143	\$470,681	\$304,042	80.0%
2017	\$552,948	\$336,965	\$442,252	\$269,507	80.0%
2018	\$519,550	\$298,690	\$415,540	\$238,895	80.0%
Aggregate (1990-2018)	\$41,826,469	\$72,907,800	\$35,840,692	\$63,963,474	87.7%
Expected Future (2009-2018)	\$6,987,380	\$5,452,371	\$5,588,564	\$4,360,851	80.0%

Assumption: Interest rate is 6%.

Rhode Island Pre-Standardized
Paid and Incurred Experience
(Most recent 5 years shown)

Pre-Standardized *	<u>Paid Premium</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Incurred Claims</u>	<u>Incurred Expenses</u>	<u>Paid Loss Ratios</u>	<u>Incurred Loss Ratios</u>
2003	1,540,747	1,540,747	1,225,242	1,242,577	248,060	79.5%	80.6%
2004	1,376,857	1,376,857	1,231,137	1,193,056	203,775	89.4%	86.7%
2005	1,241,378	1,241,378	1,076,621	1,021,433	184,912	86.7%	82.3%
2006	1,158,491	1,158,491	984,392	1,035,829	182,331	85.0%	89.4%
2007	1,075,500	1,075,500	876,078	833,594	159,296	81.5%	77.5%

* Excludes AD/DP

2009 RATES FOR PLANS NOT ISSUED IN RHODE ISLAND

<u>Plan</u>	<u>Monthly Rate</u>
S1	\$121.25
S2	\$146.00
S3 (with drugs)	\$251.50
S3 (without drugs)	\$220.75
S4 (with drugs)	\$275.25
S4 (without drugs)	\$244.50
S6	\$177.50
S7 (with drugs)	\$261.75
S7 (without drugs)	\$231.00
SA	\$120.00
TA/XA/HA/YA	\$120.00
NA/QA	\$117.25
N6/Q6	\$171.25
N3/Q3 (with drugs)	\$80.25
N3/Q3 (without drugs)	\$49.50
N7/Q7 (with drugs)	\$90.50
N7/Q7 (without drugs)	\$59.75
M8/P8	\$140.00
M9/P9	\$175.25
D6/D7/D8/D9	\$12.00

2009 Rates for Pre-Baucus Coverages

AG	\$49.00
W (with drugs)	\$221.50
W (without drugs)	\$201.50
X	\$141.50
Y	\$93.25

Pre-Standardized Plans Credibility Adjustment

National Experience							
	2004	2005	2006	2007	2008	2009 without an increase	2009
Average Lives	623,856	551,600	485,706	418,371	364,579	314,000	314,000
Average Rate	152.87	162.33	171.17	183.63	191.04	191.25	199.42
Claim PMPM	134.89	142.92	145.66	150.69	159.21	170.07	170.07

Rhode Island Average <u>2007 Lives</u>	Credibility <u>Factor*</u>	Projected Rhode Island <u>Increase</u>	Projected National <u>Increase</u>	Revised Rhode Island <u>Increase **</u>
536	2.4%	3.0%	4.2%	4.2%

*(Rhode Island Average Lives - 500) / 1500 = Credibility Factor

**Rhode Island Increase X Credibility Factor + National Increase X (1 - Credibility Factor) = Revised Rhode Island Increase

UNITED HEALTHCARE INSURANCE COMPANY
AARP MEDICARE SUPPLEMENT PORTFOLIO

RATE SCHEDULE

FOR

RHODE ISLAND

GROUP POLICY NUMBER G-36000-4

<u>Plan</u>	<u>Proposed 2009 Monthly Rate</u>	<u>2008 Monthly Rate</u>	<u>Diff. (%)</u>
M1/J1/P1	\$121.25	\$116.25	4.3%
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$146.00	\$140.00	4.3%
M3/J3/P3 (with drugs)	\$251.50	\$241.25	4.2%
M3/J3/P3 (without drugs)	\$220.75	\$211.75	4.3%
M4 (with drugs)	\$275.25	\$264.00	4.3%
M4 (without drugs)	\$244.50	\$234.50	4.3%
M5/J5/P5	\$142.25	\$136.50	4.2%
M6/J6/P6/DC/DE/DF	\$177.50	\$170.25	4.3%
M7/P7 (with drugs)	\$261.75	\$251.25	4.2%
M7/P7 (without drugs)	\$231.00	\$221.75	4.2%
MA/PA	\$120.00	\$115.25	4.1%
AD/DP	\$4.00	\$4.00	0.0%

** Discounts available for Multi-Insured, Electronic Funds Transfer, and Annual Pay.*

August 18, 2008

Joseph Torti III
Commissioner
State of Rhode Island
Insurance Division
Department of Business Regulation
1511 Pontiac Avenue, Bldg 69-2
Cranston, Rhode Island 02920-4407

RE: Rate Revision Filing
Rate for AARP Health Care Options Pre-Standardized Medicare Supplement Plans
NAIC #0707-79413

Dear Commissioner:

The attached filing is made to obtain approval for rates effective January 1, 2009 for Pre-Standardized Medicare Supplement Plans, issued to members of AARP through AARP HealthCare Options.

The proposed rates include an average rate increase of 4.2%. With these increases we project a loss ratio of 79.9%.

The enclosed actuarial memorandum provides supporting documentation. Certification regarding compliance with loss ratio standards for your state is also provided.

We would appreciate your acting expeditiously on this request so that we can provide AARP members with adequate notice of their 2009 rates.

If you need any further information regarding this matter, please contact me at (267) 470-1361, or via fax at (267) 470-1909. If you prefer to e-mail me, my address is David_M_Walker@uhc.com.

Sincerely,

A handwritten signature in cursive script that reads "David M. Walker".

David M. Walker, ASA, MAAA, FLMI
Director, Actuarial Services

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Rhode Island					
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2.	Department Use Only						
	State Tracking ID						


3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	UNITED HEALTHCARE INSURANCE COMPANY P.O. BOX 130 MONTGOMERYVILLE, PA 18936	CT	HEALTH	0707	79413	36-2739571	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	DAVID M. WALKER P.O. BOX 130 MONTGOMERYVILLE, PA 18936	267-470-1361	267-470-1909	DAVID_M_WALKER@UHC.COM

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	RERATE 2009 PRE-STD		
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____		
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div> <input checked="" type="checkbox"/> Large <input checked="" type="checkbox"/> Association <input type="checkbox"/> Trust </div> <div> <input type="checkbox"/> Small and Large <input type="checkbox"/> Blanket </div> </div>		
9.	Type of Insurance	MS02G		
10.	Product Coding Matrix Filing Code	<u>MS02G.000</u>		
11.	Submitted Documents	<div> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> <u>Rates</u> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>		

	Filing Submission Date	8/18/08			
13	Filing Fee (If required)	Amount	<u>\$40.00</u>	Check Date	<u>EFT</u>
		Retaliatory	<input type="checkbox"/> Yes X No	Check Number	<u>EFT</u>
14.	Date of Domiciliary Approval	PENDING APPROVAL			
15.	Filing Description:				
	<p>RATES FOR AARP HEALTHCARE OPTIONS PRE-STANDARDIZED MEDICARE SUPPLEMENT PLANS.</p> <p>SEE ATTACHED COVER LETTER</p>				

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Rhode Island</u>.</p>		
Print Name <u>DAVID M. WALKER</u>		Title <u>DIRECTOR, ACTUARIAL SERVICES</u>
Signature 		Date <u>August 18, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			RERATE 2009 PRE-STD	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			4.2%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum and Rate Schedule	G-36000-4	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>4.2%</u> <input type="checkbox"/> Other _____	
	Pre-Standardized coverage; rates not based on age			
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	

LH RFA-1